N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important.

| 1. PLACE OF DE | | Animana State | D 1 677 44 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|---------------------------------------------------------------------------------------------------|------------------|
| District of the second of the | | | Board of Health | 636 |
| COUNTYG | ila | | | |
| TOWNSHIP | | | STATEARIZONAREGISTERED | $\frac{1935}{}$ |
| CITYH | ayden | | OR VILLAGE | |
| | /IE DE | - NO | ST. | |
| IN CITY OR TOW | THE PERIND OF | CURREDT Y YRS MOS DO | Tution, give its NAME instead of street and number). How long in u.s. if of oreign birth, 31 yrs | WA |
| | | | | Mos, |
| (A) RESIDENCE: | no Hayden | Arizona 5T. | | Mos, |
| | (USUAL | PLACE OF ABODE) | | |
| PERSO | NAL AND STATIST | TICAL PARTICULARS | (IF ON- ESPENT GIVE CITY OR TOY | YN AND STATE) |
| 3. SEX | . COLOR OR RACE | 5. SINGLE, MARRIED, WID- | EDICAL CERTIFICATE OF DEATH | 1 |
| Pemale | Mexican | THE WORD Widowed | 21. DATE OF DEATH (MONTH, DAY, AND YEAR) J8 | n 14. 193 |
| YAT IF MARKIED, WIDOWED OF DIVARGES | | | | DECEASED FRO |
| HUSBAND OF (OR) WIFE OF | | | December 1, 333, TO Decemb | <u>er</u> 20 ,,_ |
| 6. DATE OF BIRTH (MONTH. DAY, AND YEAR) NOT KNOWN | | | LAST SAW HOL ALIVE ON DOCUMBERSU. | SATH IS SAI |
| 7. AGE | | | TO HAVE OCCURRED ON THE DATE STATED ABOVE AT | 2.30 p |
| | | DAYS IF LESS THAN | | OF DATE OF |
| about | 56 | I DAY, HRS. | | ONSET |
| Z B. TRADE, PROF | ESSION, OR PARTICULA | ar — — — — — — — — — — — — — — — — — — — | Carcinoma of the stomach | About |
| | OKKEEPER, ETC. | Housewife | | - |
| WORK WAS E | JUNE. AB SILK MILL | Home | | _ l year |
| 10. DATE DECEAS | SED LACT WORKER | 11. TOTAL TIME (YEARS) | | |
| THIS OCCUPA | TION (MONTH AND | SPENT IN THIS | | |
| 2. BIRTHPLACE (CITY OR TOWN STORE) (STATE OR COUNTY) STORE OR COUNTY) | | | OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: | |
| (STATE OR COUNT | m Sino | loa, Mexico | | |
| 13. NAME | Marcelo | Crajabal | | |
| 14. BIRTHPLAC | | | | _ |
| | | | NAME OF OPERATIONDATE O |)F |
| 15. MAIDEN NAME NOT known | | | CONFIRMED DIAGNOSIS?WAS THERE | |
| • | | | 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE THE FOLLOWING: | E) FULLY ALCO |
| (STATE OR COUNTY) | | | ACCIDENT, SUICIDE, OR HOMICIDE?DATE OF INTUR | -7 FILE IN ALSO |
| 7. INFORMANT <u>Buis Nunez</u> | | | WHERE DID INJURY OCCUR? | |
| (ADDRESS) HAVIAN ANIZONO | | | (SPECIFY CITY OR TOWN, COU SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN | NTY AND STATE) |
| B. BURIAL, CREMATION, OR REMOVAL | | | PUBLIC PLACE | HOME, OR IN |
| PLACE Winkelman, ArizoateJan 15, 19 35 | | | | |
| 9. EMBALMER LICENSE NO. 18 | | | MANUER OF INJURY | |
| | | | 24 | |
| DIRECTOR | | ton | 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO C | CCUPATION OF |
| ADDRESS | Winkelmen, | | IF SO, SPECIFY | |
|). filed Jan] | L4 | VII Jack | (SIGNED) Marly BALL | -A |
| | | REGISTRAR | (ADDRESS) Hayden, Arizona. | м. b. |
| | | | | |